

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037033

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 317Primary Registration District No. 546Registrar's No. 2609

STATE FILE NUMBER

FILED SEP 20 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Overland

Length of stay in lb

5 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 2233 Sims

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Mo.

b. COUNTY St. Louis admission)

c. CITY

OR
TOWN Overland

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

2233 Sims

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

4. DATE
OF
DEATH

Month

Day

Year

Adaline

Louise

Golightly

Sept.

6

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-28-1876

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Retired Seamstress

10b. KIND OF BUSINESS OR INDUSTRY

Angelica Jacket Co. High Ridge, Mo.

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William W. Williamson

13b. MOTHER'S MAIDEN NAME

Louise Donavon

14. NAME OF HUSBAND OR WIFE

Albert Golightly (Dead)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address 4323 Bonfils Dr

A Elmer A. Seeburger, Bridgeton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bacteria, pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

2 Mo.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cardiovascular renal disease

Yes

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

1955 to 1962

to

1962

and last saw her

him

alive on

Aug 25, 1962

P.m. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE

(Degree or title)

J. E. Paul, MD.

22b. ADDRESS

Overland, Mo.

22c. DATE SIGNED

9-7-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

9-10-62

23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill

23d. LOCATION (City, town, or county)

Pagedale

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Earl Hilleman, Overland 14, Mo.

25. DATE RECD. BY LOCAL REG.

9-7-62

26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 400X

2 400X

3 2

4 1

5 2

6

7 0

8 2

9 442X

10

11

12 90-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Paul J. Hillman

Licensed Embalmer No.

3501

P. O. Address

Orlando, FL 32801

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.